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ABSTRACT

The drug problem among blacks in the United States is analyzed, focusing on low-income communities and the involvement of children. Interviews with more than 30 community-based black professionals in Washington (District of Columbia), Cleveland (Ohio), and San Francisco (California), whose jobs place them in daily contact with the drug problem, are the basis for the report. Subjects were identified through local professional networks as the most active and informed black citizens in the community on the topics of alcohol and illegal drug use. A central theme is that social conditions, cultural patterns, socio-political forces in black communities, and forces in society at large reinforce the drug problem and pose stubborn challenges to prevention, treatment, and law enforcement efforts. A holistic strategy is suggested to discourage drug use, strengthen alternative means of serving youth needs, and overcome obstacles to community action. Proposals include: (1) reduce cultural acceptance of drug use; (2) support street-level law enforcement approaches; (3) provide legal alternatives to jobs in the drug trade; (4) teach children to read, write, and respect themselves; (5) help families provide better parenting; (6) use funding to leverage cooperation; (7) involve the church; (8) expose and discourage political exploitation; (9) foster a positive social investment climate; and (10) adjust grant-making practices in funding agencies. Twenty-six references and a list of 36 individuals who were interviewed are included. (SLD)

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# THE DRUG PROBLEM IN BLACK COMMUNITIES

Ronald F. Ferguson

Report to the Ford Foundation

October 1987

Working Paper #87-01-01

An earlier version of this paper was part of a report to the Ford Foundation: Drugs: The Problem and the Options, in January 1987. Frank Hartmann, Mark Kleiman, Mark Moore, Ethan Nadelmann, and Saul Weingart were the other authors. I hereby thank each of them for valuable advice and assistance. Thanks also go to Darryl Cox, Mildred Foster, Audrey Rowe, and others who helped identify knowledgeable people in the three cities where I conducted interviews. Olivia Golden, Mario Baeza, Faye Harrison, and Glenn Loury gave detailed and helpful comments on an earlier draft. My greatest appreciation is to the many people who took time to be interviewed, and upon whose experience and insights this paper is based.

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## I. *INTRODUCTION*

Activities associated with the sale and abuse of alcohol and illegal drugs have consequences that diminish the quality of life and the prospect of upward socio-economic mobility for thousands of families in communities all across the country. Some of this damage is transitory, but much of it is cumulative and affects not only users but innocent second parties as well. Drugs distract children in these communities from more promising paths to adulthood, induce impulsively destructive behaviors, discourage investment in local property and, most insidiously, foster irresponsibility and neglect of essential social and familial obligations. Moreover, the risks vary across different drugs, users, sellers, and surrounding circumstances.

The greatest risks face children in communities where socio-economic infrastructure is weak and where local residents are pessimistically fatalistic about the potential for improvement. In these communities, harm comes not only from drug abuse among adults, but because many children themselves resort to drugs for social, economic, and emotional fulfillment:

> Drugs are the most sensible approach to achieving what they want to achieve -- drugs work and nothing else that we give them works: their families don't work, their churches don't work, their role models and images don't work, their education doesn't work -- nothing works. And they definitely can't look to the wider society, because that's where many of the negative images and values come from -- transmitted through the television. The whole movement for black is beautiful and black pride has been totally crushed. Jesse Jackson and other such people have no connection. We talk now in resolved terms of the "permanent underclass." ... The chore for anybody who is trying to conceptualize or analyze the situation is to come up realistically with something that can address the magnitude of the problem. [Don Freeman, Washington D.C., interviewed for this project September, 1986.]

The most troubling difference between the drug problem in the 1960s and the 1980s is the extensive involvement of children in the 1980s. Recent media coverage shows that this development of the past decade or so has affected black, white, and Hispanic communities alike, though not to the same degree. While the adverse socio-economic impact of the drug trade as employment for youths often goes unrecognized, activists and public officials at all levels of society have noted the threat that drug use presents and programs of various types are proliferating. Given, however, that many of these measures reflect conceptions of the problem in middle-class white America, their effectiveness in low income black communities may be less than adequate. Hence, examining the drug problem as it manifests itself differently in communities segmented along lines of race and socio-economic status seems warranted.

This paper examines the drug problem among blacks in the United States, with special attention to low income communities and to the involvement of children. In addition to various written sources, the paper relies on interviews with more than 30 community-based black professionals -- drug and alcohol abuse counselors, police officers, ministers, teachers, news reporters, school administrators, city health officials, neighborhood planners, drug prevention consultants, juvenile judges, administrators of neighborhood youth centers -- whose jobs in Washington D.C., Cleveland, and San Francisco, place them in daily contact with the drug problem in black neighborhoods.

The primary criterion guiding the choice of these three cities was regional diversity. The project avoided New York City because of the media attention already accorded to the crack cocaine epidemic there, and because New York City is seldom representative of other cities. People interviewed for the project were identified through local professional networks as the most active and informed black citizens in the community on the topic of alcohol and illegal drugs. Ford Foundation officials who sponsored this project asked specifically that the paper should make extensive use of direct quotes from people in the field, and I have tried to honor their request.

The central theme of this paper is that a web of material conditions, cultural patterns, socio-political forces within black communities, and various forces in society at large both directly and indirectly reinforce drug problems in black communities and constitute stubborn challenges to effective prevention, treatment, and law enforcement. The strategic policy perspective that the paper suggests is unabashedly holistic and includes nine items distilled in the last section of the paper under three headings: 1. directly discouraging drug use among youths, 2. strengthening alternative means for serving youths' needs, and 3. overcoming obstacles to community action.

Most of the paper is a characterization of the drug problem, its causes, and the difficulties that families and communities have coping with it. The impression one comes away with is that narrow interventions like "Just Say No!" campaigns

through the schools will have similarly narrow consequences in low income black neighborhoods. While the need for community progress covers a number of categories, the strategic focus must ultimately center on the family and its role in creating a nurturing home environment, while supporting community institutions and holding them accountable. Even though various forms of assistance from outside agencies is essential, only well informed and responsible parents are properly situated and have enough of a vested interest to play this role in earnest over an extended period. Hence, strengthening the capacity of families to provide successful parenting and to participate in community decision making is a fundamental strategic purpose and a necessary condition for significant progress.

## II. *DEPENDENCE: DRUGS WORK!*

Innercity urban environments today are socializing black children to expect that drug use and associated entrepreneurial activities can meet their most basic human needs for material comfort, social status, emotional security, independence, and excitement. As a consequence, many youths in these environments are to some degree socially, psychologically, physiologically, or economically dependent on drugs.

### A. DRUG USE

Recent television, newspaper, and magazine accounts of the crack cocaine epidemic in places like New York City, Detroit, and Los Angeles have spawned renewed interest in the impact of drugs on innercity youth. Contrary to the impression this attention gives, crack is not a widespread problem around the country and may not become one. The drugs of choice, the social rituals that surround their use, and the degree to which they interfere with otherwise healthy socialization vary much more widely from city to city than people commonly recognize. Moreover, movements in prices, availability, social environments, and the properties of specific drugs, interact to change these cultures over time.

Nowhere is this more vivid than in Washington D.C., where the drug of choice among youths is PCP (phencyclidine), an illegal animal tranquilizer sometimes known as "angel dust." PCP became popular in this city about eight years ago at a time

when the price of premium grade marijuana was high. Young people began mixing PCP with lower grades of marijuana and liked it. The mixture was usually cheaper than high grade marijuana and the intoxication was just as long.

PCP is a dangerous drug. Intoxication sometimes causes hallucinations, wild uncontrolled behavior, and insensitivity to pain that makes youths under its influence difficult to subdue. Youths in Washington call PCP "Hinkley" after President Reagan's assailant, and "Butt Naked" because people under its influence occasionally run through the streets butt naked. Since the death of University of Maryland basketball star Len Bias, some PCP is even called Len Bias. The most popular name, however, is "Love Boat" because the drug is reputed to be a sexual stimulant. Cocaine is widely used (and often abused) among segments of the adult community but has not caught on yet among youth because the price has not dropped as in New York and some other cities.

Complementarity between drugs and other aspects of youth culture buttresses youths' social dependence. The psychic effects and mythology of PCP resonate with black youth music in Washington that revolves around "the D.C. sound": go-go music. Go-go music is aggressive and physical with a heavy rhythm and brass foundation. Dancing to go-go can be wild and sensual. Major go-go artists have recorded anti-drug songs in the past few years and they cooperate actively with the city's radio stations in promoting the "Drug Free D.C." theme. Still, PCP use remains widespread.

Youth cultures in the other two cities visited for this study, San Francisco and Cleveland, are different from that in Washington D.C. Black youths in these cities use marijuana, cheap wine, and beer, but stay away from PCP because the image that they prefer is smooth -- laid back. In San Francisco, only the Hispanics use PCP. It fits better with the macho image they seek where the objective is to face a stiff challenge and show that they can "handle it." Youths in both cities have access to cocaine but consider it too expensive to use regularly and still afford the fashionable clothes and recreation that they require, perhaps even more than drugs, to maintain social standing. Marijuana is simply more cost effective: a juvenile court judge in Cleveland reports that a black teenager told him, "With twenty dollars you can buy enough cocaine to stay high for five minutes, or enough wine and grass to stay high all day." Among drug-using black adults, on the other hand, cocaine and alcohol appear to be the current drugs of choice in most major cities, with heroin holding steady among a stable cadre of hard core users. Abuse of prescription drugs is common among poor women but typically not in social settings.

Once they become socially or otherwise dependent, neither adolescents nor adults are deterred by fear of the drugs that they use. Most believe that prudent use is safe and their daily experience usually bears this out. Even regular heroin users "know their dose" and have trouble only when new grades of heroin appear. Individuals who become physically addicted or otherwise injured are looked upon by their peers as stupid,

careless, daring, or unlucky, but once a drug begins to serve a purpose in the social routine such misfortunes seldom discourage its continued use. Even the ritual of preparation becomes a valued aspect of the experience: separating the seeds and rolling marijuana cigarettes, chopping cocaine to make neat lines for snorting, setting up the apparatus for freebasing cocaine or making "rock" or "crack", preparing "the works" for injecting heroin, selecting the right alcoholic beverages and serving them with style.

Sometimes even the casualties of use enhance the social status of adolescent users:

> I am Edna Hill, fourth-year medical student at Howard. When I rotated through pediatrics, we saw numerous admissions for PCP intoxication, and on many of the occasions when these kids would be in more lucid moments, or by the time their friends would start coming into the hospital to visit them, they would tell me that how many times they are admitted into the hospital for PCP intoxication was a status symbol amongst their crowd, much as getting a driver's licence was for me when I was in that age group. [SCNAC 98-2-8, p.52]

The quest for stimulation sometimes induces bizarre disrespect for danger. An expert in Washington D.C. claims that it is not unusual for a dangerous batch of drugs to attract customers: "If someone overdoses around the corner, they want to know where to go get it, not how to stay away from it. Everyone is looking for the ultimate high. Its a strange phenomenon." After the death of Len Bias the marketing chant for cocaine in Washington D.C. became: "Get that Bias here -- I got that Len Bias." The epidemic of crack cocaine in New York and other cities, is evidence that this orientation to the danger of drug use is not unique to Washington D.C.

Clearly, the over involvement of black youths in life styles that rely on drug use imposes high costs on their families and communities. As harmful as it is by itself, however, drug use is only one side of the youth drug culture: the other side is sales. Together, the damage done to the socialization of young people in a community and thereby to their chances for socio-economic mobility can be profound.

B. DRUG SALES

The greatest concern among adults in each of the cities visited was not the harm that drugs were doing to users, though this was a serious concern. Instead, the greatest concern seemed to be that both short and long term career aspirations among certain youths in the community appear to be shifting toward the drug trade to the exclusion of other occupations. Even beyond distorted aspirations, selling drugs is often the entry into social groups that use more dangerous drugs like cocaine and heroin (Clayton and Voss).

Heavy involvement of children in drug sales is a relatively new problem in black communities, dating it seems from the early to mid-1970s:

> I arrived in San Francisco from Indiana in 1962 with an $80 a day jones -- heroin. ... Our drugs back then were morphine and heroin and some pot, not much pot. The sisters, if they were not on heroin, would be on Robitussen which is cough medicine -- they called it the Rope. They'd drink it by the bottle. And then the pills -- amphetamines and barbiturates...
>
> Back then, the mentality of the black community when it came to drugs was that you might have a jones but you would never introduce it to a kid. If your family knew you were into heroin they kept it from the kids -- the little ones and the teenagers.. The kids didn't know why uncle was nodding.
>
> You didn't see little kids holding the bag. That's not

the case any more. Little ones are working now for $20, $50, or $60 an hour as spotters for two or three hours a day. How do you convince a nine year old that a deal like that is bad for him? [From an interview in San Francisco. Summer 1986.]

According to many observers, it was the intensification of law enforcement efforts that provided adults with the incentive to involve children in drug sales:

The first time I saw [black] kids selling drugs was in New York. It was because of a new law that imposed long prison terms for pushers. The dealers just went out and got young teenagers. I remember being up in New York around 1975 when a musician friend of mine took me down the street to this playground. And there were these kids, twelve or thirteen years old, nobody sixteen, playing basketball. My friend called one kid over and the kid said, "What do you want?" He dealt it right out of his jeans. That's right. It scared me. This little kid selling me dope! Heroin! [From an interview in Washington D.C.. Summer 1986.]

Today, youths are central to the organization of drug sales in most of the nation's larger cities. For example, consider this congressional testimony from July, 1986, by Detroit police narcotics officer Joel Gilliam:

The major method of distribution in the City of Detroit and several other cities is on street corners in broad daylight, using young teenage males as agents. This method of distribution gave rise to a major drug ring known as "Young Boys, Inc." (YBI).

YBI became the status symbol of success for black teenage males on the streets of the City of Detroit. Members of this highly organized drug distribution organization were paid $250 per day to sell drugs on high volume street corners. This method of drug distribution is a story in itself, and has become the major method of selling drugs using youth in the 13 to 16 year old age group.

One interviewee in San Francisco speculated that for every kid actually selling drugs ten more would like the same opportunity, and few would turn down an opportunity to make it big.

Consider the following example of what it means to make it big. Though it represents an extreme, it illustrates vividly

what the impact of one major pusher can be on the socialization of a community's children (and adults).

Oakland's Felix Mitchell was the epitome of a black drug king pin. At its peak, Mitchell's organization had ten officers with formal titles that indicated line responsibility for marketing, production, operations, and distribution in Oakland, Berkeley, and Sacramento. Beneath the officers in the organization were a few hundred pushers, lookouts, and hit men. Mitchell and his organization provoked both love and hate in the neighborhoods where they operated:

> Project residents were not oblivious to what was going on. On the contrary, it was difficult to ignore 100 addicts parked outside one's doorway. But few complained on the record to the police. Those who did, or who were suspected of informing, were harassed, their apartments burglarized or trashed, their cars stolen or torched. ... For others though, Mitchell's operation meant money, an infusion of sorely needed cash into ghetto communities where social spending in the seventies had been drastically cut. Children would be paid for bringing lunches to the lookouts. Lookouts themselves became major breadwinners in their families, creating a sort of reverse parental support. Other families would rent out their apartments for the day for $150 or so.
>
> And Mitchell himself became an idol, a ghetto god to many of the youths in the Villa. In 1976, at age 22, he bought his first Rolls-Royce and moved to suburban Walnut Creek... He purchased a limousine service and the Bay Area Detail Center for cleaning and refurbishing cars. And almost daily he would ride through the 69 Mob's [his organization's] turf -- the Mob was soon operating in several projects -- in his Rolls. Many of the teenagers loved it. His style was flagrant, arrogant, and bold like the Mob's operation itself. Moreover, he had a flair for gestures. He would buy a large portable swimming pool and install it in a lot next to the housing project for the neighborhood children. He would ride through in his car and toss basketballs out the window. He would pay the Good Humor man to drive into the project and give away all his ice cream. ... Due to the sophistication of his operation, police raids on San Antonio Villa generally netted nothing more than heroin addicts left stranded after gang members had melted into the project. (California Magazine, November 1985. p.85.)

Mitchell was murdered in prison in 1986 at the age of 32 but he was a symbol of success to many youths in the community.

His funeral was the lead article in the San Francisco Examiner on Sunday, August 31, 1986. The following are excerpts from that article:

Some of the adults, looking at the bronze casket, said the lesson was "live by the sword, die by the sword."

But the eyes of the astonished children -- staring at the gold and black horse-drawn carriage, the Rolls-Royce, the tuxedo-clad army of ushers, and the trappings of an extravaganza that insiders report cost as much as $26,000 -- spoke differently...

...for many of the thousands -- the jobless, the welfare families, the elderly -- who waited to gawk at the 10-mile funeral procession through the city and to pass by his flower-festooned open casket, Mitchell's elaborate and final good-bye secured his position as a legend.

He was one of the lucky few who had managed the impossible dream many said. He had broken out of the harsh cycle of poverty.

"There's no jobs, no money, no places to go for teenagers here. At least he did it, he made a living," said Ted Dennis, eyeing the splendor. "The rest of us have nothing to fall back on."

"He made history, black history," said Raymona McCowan, who grew up in Mitchell's home turf... "He deserves all of it ... He fed a lot of people. He rented the florists, and stopped the ice cream trucks. I remember the Easter egg hunts he'd give the kids. I know what he did, and he was a good man. He started out in the ghetto, he was always in the ghetto. He didn't leave us behind."

Responsible adults said they were sickened by the spectacle. Some recalled the fear and loathing he had inspired and compared the crowd to attendees at a hanging. But a youth in the crowd said Mitchell would go down in history:

"He was a man who gave everybody some insight on how to make some dollars. ... Felix was the man who said, `Hey, brother, if you can't do it their way, look at how I'm doing it.'"

When asked how Mitchell, a convicted dealer, merited a horse-drawn funeral procession similar to that of assassinated President John F. Kennedy, the youth looked astonished.

"How did John Kennedy's family make their money? By bootlegging," he said, "And that was just as illegal in its time as Felix's business was today.

"[Joseph] Kennedy was white and he did it in a white society. Felix was black, and he did it in black society," the youth said. "That's the only difference."

Oakland's drug problem remains serious but has improved since the period when the 69 Mob operated. Testimony in a recent congressional hearing cited Oakland as a city where community mobilization through a program called Oakland Parents in Actien and its use of the "Just Say No!" theme seems to have made a small but perceptible difference. (SCNAC 99-1-2, p.51)

Most successful drug pushers are not as flamboyant as Mitchell but the money that they accumulate is no less real and the big cars that they drive no less inspiring to youths in the community. To avoid leaving the impression that all successful drug men come from low income housing projects like Mitchell did, the following quote from an interview shows that kids (and families) from middle class backgrounds are affected as well:

> I was up at a middle class home this weekend and this lady told me that she had gone to visit her sister. She said: "You know, its the goddamnedest thing I've ever seen. That kid of hers is wearing $200 shoes, he's got a Mercedes, he's got a BMW, he's got this and that, and he's only 24 years old. The kid's mother took me upstairs to her room and she opened a suit case, and I've never seen so much money in my life. She said she doesn't approve of it, but she's just trying to help him manage his money, to get it invested and put it away, so that when he does get caught he'll be cool." And this is middle class people!

Other examples come from the stories of successful drug busts. Deputy Chief Issac Fulwood of the Washington D.C. police department tells of "... a case in one of the high schools where a young brother wrote a manual on how to distribute drugs: how much money you would make, had a table of contents and everything. ... All the words were spelled correctly, grammatically correct, calculations were correct, 17 years old.

He was the king pin of one of the drug operations in and around one of the high schools."

Most youths who sell drugs achieve only modest earnings because the street level competition is so great. (See, e.g., Viscusi, in Freeman and Holzer) Still, selling drugs may be the best available opportunity for adolescents with poor academic skills. Leon Dash's Washington Post series introduced "William, 16, [who] had dropped out of school and gotten involved in selling drugs, stealing cars and committing burglaries. It was, he said, the only way to get money for clothes he wanted and 'to be able to do what I want when I want to.'" Some youths mix drug sales with legal work and view drugs as a second job. The line between legal and illegal work is faint. Even among older drug pushers going out to sell drugs is called "going to work."

In considering the growing involvement of youths it is interesting to note that a generation gap exists in a number of cities between older and younger street level pushers. A former addict who is now an anti-drug activist has friends in all strata of the community. He reports that the older pushers now resent the younger more aggressive ones, and comments like: "Look at that mf he acts like he's got a license!" are common as the older pushers watch the youngsters take the business. He explains:

> A young dude will go out there and stand in the middle of the street and stop the car with his body and come to the window selling his goods. The old way you would lay back in the corner and the customer would drive by and see you then he'd come over and you'd give him his stuff -- you'd know him and he'd know you. These young dudes don't give a f--- who knows them or who

they know, police or whatever, they're going out there to try to sell it. This is the new aggressiveness. It's so many places in this town it's beyond reason. You can ride through the projects and kids are dealing all over the place.

The attraction of such large numbers of black youth into the drug trade has helped clog the legal system in some cities, and by doing so has lowered the risk to any given seller, thus increasing the likelihood that even more youths will be drawn into this occupation and receive the associated socialization. Washington's Deputy Chief Fulwood says:

The criminal justice system is overwhelmed by the number of arrests being made to the point were the system can hardly function. Two year waits for trials in some cases. Its a lot more massive than most people would like to believe. We could arrest as many people as we want to because we know there are that many people out there either looking to buy drugs or selling them. But we continue to arrest them. Years ago you had the buyer and the seller. Now you've got the buyer, the runner, the stash man, and the seller. ... Violence has increased a lot over the past few years. There are many more killings now within the drug world. ... A lot more young guys in their late teens and early twenties are deeply involved in the drug trade making big money. Money in astronomical sums -- hundreds of thousands of dollars have been found in busts and in bank accounts. Safety deposit boxes with gold watches and chains ...

Police from other large cities give similar testimony.

Drug use and drug sales are both important in the process that socializes some youths into lives of crime. This is suggested by at least four different links between drugs and crime: adolescents get high for fun then commit crimes impulsively, people steal in order to buy drugs, drug traders commit violent crimes as they collect debts and protect their turf, and drugs help criminals sustain their nerve and subdue feelings of guilt. An emergency room doctor in black innercity Philadelphia says that while most of the knife wounds he sees

are from domestic squabbles, most of the gunshot wounds link to illegal drugs. Other illegal activities, for example, fencing stolen goods, complement the drug trade and similarly contribute to the socialization process.

Studies that precisely and convincingly measure the links between drugs and crime are not available but statistics like the following are suggestive. Robert Morgenthau, District Attorney of New York County, New York, reports that urine tests show over half of the defendants arrested in Manhattan on felony charges have used an illegal drug within 48 hours of their arrests. (SCNAC, July 18, 1986) Police in Washington D.C. find that 65 percent of the defendants that go through pre-trial services test positive for cocaine, PCP, heroin, or barbiturates. A National Institute of Justice report "Research in Brief" for February 1985 estimates that "1/4 or more of homicides, 75 percent of all robberies, and 50 percent of all felony assaults were committed by pill or cocaine/heroine users." [Cited in SCNAC, July 15, 1985]

III. *SOCIALIZATION*

Most young people who use or sell drugs have the option to say no or to choose the level of their involvement without excessive coercion. The thesis of this section is that the network of community institutions that would ideally socialize children to make the "right" choices, is often too weak to set the psychic, social, and material costs and benefits in the environment at levels that would render drugs an inferior choice to more wholesome alternatives.

Failure of socializing institutions in some neighborhoods is so pervasive that they might as well have neon signs flashing: "SOCIETY THINKS YOU'RE WORTHLESS," "SCHOOL IS A WASTE OF TIME," "ONLY CHUMPS RESPECT THE LAW," and "DRUGS ARE FUN AND PROFITABLE!" Of course, socially responsible adults in every black neighborhood speak messages that compete with these and they reach many receptive youngsters. But people interviewed for this project complain that their efforts have to contend with the behavior of too many other adults who ignore, condone, or promote self-destructive adolescent behaviors; teachers, police, and other adults who treat black children with indifference or disdain; cigarette, beer, and hard alcohol advertisers who saturate black neighborhoods with glamorous personalities in billboard advertisements that glorify drinking; liquor stores that sell drugs and alcohol to minors; and openly dishonest law enforcement officers who, for example, often confiscate drugs without making an arrest and then sell the same drugs to other young peddlers. Responsible adults face a severe

credibility problem when they counsel adolescents in such communities to abstain from alcohol and to respect laws against the use and sale of illegal drugs.

While the influences that affect youths are numerous, the two institutions we count on most for socialization are the family and the schools. Academic failure in black communities has been widely enough discussed and documented with dropout statistics and standardized test scores that the reader will not need to be convinced here that a problem exists. Here the point is to show a connection between academic failure and the severity of the drug problem. Several studies have shown a strong statistical relationship [e.g., see Clayton and Voss; and Friedman, cited SCNAC 99-2-2, p.27]. Community based professionals corroborate this statistical evidence. Later in this section we consider the role of the family.

A. DRUGS AND ACADEMIC FAILURE

For more than 15 years Ron Clark has operated a residential substance abuse treatment facility, RAP, in Washington D.C. RAP is one of two "therapeutic communities" in the nation that is geared specifically to blacks, with a black and Afro-centric perspective. Clients must be at least 18 years of age. The median age is is 27. About half of the program's residents come through the criminal justice system. Residency in the program lasts 18 months and successful completion requires participants to earn their GEDs if they enter the program without high school diplomas. Clark says that about 50 percent of the young people who enter the program complete it;

most who drop out do so during the first 6 months. He argues that drug abuse among blacks is not fundamentally a drug problem. The fundamental underlying problems are academic failure and counterproductive socialization:

Some interesting things happen when you begin to work with black people. Drugs is not the problem. Once a person comes in that door we are no longer dealing with drugs. We're dealing with comprehension problems that may result from any of a number of other types of deficiencies... We are dealing with people who read on a 3rd or 4th grade level, who have been mis-educated about themselves. Self-hatred is very important when you are talking about black people. Basically, we are a reeducation program for people who have experienced a tremendous amount of confusion and need to revamp their whole lives. When we talk about reeducation we start them at a different point. That point, the something that they missed [in school], is something about themselves: we show them people like themselves [black people in history] who have done things. We have group therapy, basic reading, writing, math classes, seminars to stimulate them to start thinking in different ways. ... We allow profanity, but only in rap sessions and only until people can find other ways of expressing themselves. If we didn't allow them to use profanity for the first 3-6 months they couldn't express themselves. We encourage people to learn a word a day. ... We have to deal with values: we're talking about guys who think all women are bitches and are supposed to be kicked in their asses -- they saw it happen to their mothers by their uncles and fathers, and their attitudes are the same. We're talking about guys 18-24 years old who already have 2 or 3 kids -- what you have here is all the problems that you have anywhere in the community. For example, in discussions of rape many of the young men here don't even consider it rape; they believe all the myths about women wanting it -- all the classic myths. What we have here is an opportunity to discuss it. To give them some new and different information and to turn those kinds of things around. Even the sisters themselves many times believe the myths. That reflects how people see themselves. Then they end up using drugs as a way of either consciously or unconsciously trying to block all that stuff out. I think its a misnomer to call us a drug program because what we deal with are all the behaviors that are present in our communities as a result of social, economic and racial things that have happened to us.

In San Francisco, the Ella Hill Hutch Community Center is in the heart of a low income black neighborhood where the drug trade thrives. At most hours of the day youths sell drugs from

the sidewalk in front of the building to the occupants of expensive late model cars who appear to come from outside of the neighborhood and leave after they make their purchases. Before a few months ago when a group of youths overturned an employee's car, 50 to 60 young men in their late teens could be found at mid-day playing basketball or waiting for winners in the center's gymnasium. Now the gymnasium is closed. Lefty Gordon, the Executive Director, says, "No other race of people in this country will you find at twelve noon 17 years of age, high school dropout, unemployed, playing basketball. We saw it as an insult. If that's what this center is about we may as well close the doors."

Reverend Martin Drizell is a program director at the center and has been a community resident since the early 1960s. He knows the young people in the neighborhood and the evidence of academic failure and poor socialization among youths involved with drugs is much the same as what Ron Clark described. Drizell says:

> These guys don't work, they're not equipped to work, not prepared to work. So how do they make it? They get locked in with some sister whose knocked up and has 3 or 4 babies, AFDC mommas. The dude has got his clothes all over town, with different mommas. He doesn't qualify for welfare. But how is he going to make quick money? And how is he going to combat the fact that the MAN has already delivered the message to him that he ain't worth nothin? He thinks, "The only way I can match wits with the man and at least have some money occasionally, is to get caught up in contraband. Now, I'm taking a chance because I know there are undercover folks here. I'm going to get busted 3 or 4 times a year, and spend a little time in the joint, but they won't send me to [San] Quintin." ... We're not saying that some of these guys don't need jobs. A problem, however, is that so many of them can't read. So many of them need remedial services. ... We can get a person in fast foods, but why send a person to fast foods when in less than a week he's going to be late everyday then steal a hamburger or two and

get fired? What good does that do? If we are going to be helpful, we have got to take the cream of the losers and make winners out of them. We have to prepare them; that means taking a kid and doing a 360 on his mind.

When many in the adolescent peer group feel academically and socially unprepared for the socio-economic mainstream, and a large segment of the adult population experiences the same frustration, hopelessness can permeate an entire community. Jessica Horne is a substance abuse counselor who has worked for many years in the heart of innercity Cleveland. She says, "Failure and hopelessness is everywhere in this community. For so many people it's as if they have been in a dark room with a window where the shade is drawn and they have never seen the outside."

An alternatively pessimistic statement, however, is that they <u>have</u> "seen the outside." They interact daily with school teachers, police officers, doctors, nurses, and other "successful" people, both black and white, in person, over the radio, and on the television. But rather than find hope, they find condescending social distinctions. The problem seems to derive as much from social class as from race. Many in the black community, including several that I interviewed, say that black teachers are often more condescending to black school children than are their white counterparts. This allegation is made as well against other black professionals. It is no wonder that underclass children fail so often to adopt such people as role models.

The minimal expectations that adults both black and white

hold for black innercity children is among the reasons for a failure to counsel them toward role models and career options to which they could proudly and realistically aspire. Many of the images black children learn to admire are those that society praises in the news media. These are beyond the reach of all but the most gifted and lucky. Athletes, actors, lawyers, doctors, musicians, slick politicians -- the message black children internalize is that to be respected in mainstream society these are the requisite professions and life-styles. The snag in this socialization strategy is that none of these career options is realistic enough to the typical black child to justify foregoing the immediate gratification of using or selling drugs. Quite to the contrary, from their own limited experiences, the most plausible way to become as affluent and respected (albeit not in the mainstream) as the role models we present to them is to make it big in the drug trade which, as discussed above, is something they have seen people in their communities actually do.

Don Freeman in Washington D.C. argues:

"We demoralize these kids by not glorifying what they <u>can</u> be. ... Back in the '60s we had programs for low achievers. Now the emphasis is on gifted and talented achievers. We're not even trying to save the average black youth -- black folks are not trying to save them. Black folks are back to the 'talented tenth'." Gaston Neal continues, "The Urban League and the NAACP are organizations that have traditionally addressed the needs of the black middle class. They've been in the mode of the 'talented tenth'. They've found jobs for black kids who have graduated from college. When they've addressed the lower classes they've addressed them in terms of teaching them how to become middle class, how to go to college, get good jobs, that's just not going to work for all of the kids we're talking about."

B. THE FAMILY

Without intending to assign blame and recognizing the role of history and of broader social forces, most blacks interviewed for this study pointed to various aspects of family life in black communities as contributing factors in the drug problem. Based upon their personal and professional experiences they suggested that black families often do poorly at developing self-esteem among their children, that many do not have the academic backgrounds necessary to help with school work, that abusive language and corporal punishment are used excessively, that children are too often aware of parental drug and alcohol abuse, that too many homes lack a second adult to assist with discipline and nurturing, and that where responsible males are present they have too few contact hours with the children.

Studies by psychologists that compare white middle class families whose children have drug problems with families that do not, find that the quality of communication between parents and children is a statistically significant predictor of drug abuse: "The normal families displayed clearer communication, more freedom of expression, more cooperation, and greater sensitivity among members." (Gantman, 1978. p.429) Children's perceptions of parents are also important: "Drug-abusing adolescents were more likely to perceive their parents as lacking parental direction; non drug-abusing adolescents were more likely to perceive their parents as controlling their child's behavior by rule making, limit setting, and consistent enforcement."(Rees and Wilborn, 1983. p.59)

Literature on family socialization patterns across race and class is scarce but suggests the presence of important inter-cultural differences in child rearing methods. For example, researchers Hess and Shipman watched mothers and children solve problems together in a laboratory. They found that irrespective of race, lower status mothers tended to talk to their children less frequently than high status mothers, were more prone to define parent-child relations in terms of authority rather than personality, and gave poorer directions. (Hess and Shipman, cited in W&H, p.479)

Washington Highlands is a poor black neighborhood of Washington D.C., where Leon Dash, a black reporter for the Washington Post, recently lived for 17 months to collect material for a series of articles on teen pregnancy, published January 26-31, 1986. The series "tore up the town" as blacks argued pro and con about the wisdom of printing it. The following passage from Dash's series is surely not representative of parent child relations in the black community, not even the underclass community, but it dramatizes how with only one sentence a parent can implant her hopelessness and low self-esteem in a child's mind and how that one sentence can affect the course of a child's life.

> She said she saw her world as hopeless and passed that view on to her children. She told them, "you'll never be nothing." Helping them with their school work was out of the question -- Lillian had dropped out in the seventh grade, and Fred [her common-law husband] was illiterate.
>
> One of her children, Charlie, 22, is still furious because of an incident that took place when he was 12. Charlie said he had just learned that he had passed the sixth grade and rushed home from school to tell his mother. But his sister, Theresa, had learned the same day that she had failed the sixth grade for

the second time, and Charlie had to wait patiently while his mother consoled Theresa, who was in tears.

Instead of praising him, though, his mother said to Theresa, "Don't worry, Theresa, Charlie will fail, too."

Charlie's voice still shakes with anger as he tells the story. "A mother supposed to treat her children the same. Don't put your son down. Your son got emotionals just like the daughter got emotionals."

Charlie said the incident killed his interest in school. He failed the seventh and eighth grades and dropped out of school when he was 16.

This passage says nothing about drugs but its relevance is clear: it takes very little to rob a child of hope and intellectual vitality. To the extent that parenting skills matter, parental training and counseling seems a strategy worth pursuing in community-based approaches to the drug problem.

Even when a mother has all of the social, financial, and intellectual tools she needs the absence of a responsible adult male in the household may place her at a disadvantage when it comes to enforcing her will upon teen males. Single mothers complain that operating alone they cannot as effectively protect their children from the seductive attraction of drugs and the street life. The seriousness of this problem is difficult to measure, but it will surely grow as the percentage of black teens who live with single mothers increases. More than half of all black children in the U.S. today live in female headed households, many of which receive no outside adult assistance with child rearing and discipline. For example, sixty percent of the mothers-alone in a sample of black households from the Woodlawn area of Chicago in 1975 said there was no one else "available to the child for confiding, activities, or setting and enforcing rules." (Kellam et al. p.549)

Children raised in financially independent two-parent households get into trouble with drugs as well, showing that the problem is more complicated than poverty or single-parenting, per se. Here, the problem is nevertheless often associated with various parenting techniques and associated attitudes. Many parents are unwilling to admit to themselves or to others that they or their children have problems with drugs, refuse to accept help, and continually struggle to disassociate themselves and their children from the stigma and the behaviors of the black underclass. Problem attitudes among parents run from denial that a problem exists, to an opposite extreme of outright rejection of children who need love and support to overcome addiction.

Communication problems between fathers and sons appear rather commonly in black two-parent households. A number of the people interviewed for this study recognized the following characterization:

> Father works long hours that leave little time to interact with his children. When at home he seldom talks about feelings or engages in extended conversation; he seldom displays affection, especially to his sons. His children know him as the disciplinarian. When they do poorly at school, become involved with drugs or develop serious disciplinary problems he feels betrayed. As they progress through their teen years his attempts at verbal persuasion fall on deaf ears. He cannot understand why they seem not to appreciate his years of hard work and sacrifice. He feels that he has done the best he can and denies any responsibility for their behavioral problems.

This pattern often culminates when the father puts the wayward child out of the house in his late teens to live a life that we commonly associate with the underclass, including the abuse and sale of illegal drugs and prostitution. Many youths who move in

and out of the black underclass are from working and middle-class backgrounds.

Their more advantaged backgrounds, however, may produce a somewhat different perspective on the causes of their drug problems. According to Ron Clark, they may be less inclined to take full responsibility. He says the following about the tendency of young people from various backgrounds to blame parents:

A lot of confusion about male relationships with fathers comes up in rap sessions, but its not as big a problem these days as absentee fathers. There's not a lot of resentment among the kids with absentee fathers. Black people are funny. When I was involved with Phoenix House [a therapeutic community in New York City], Synanon, and other groups, a lot of the white kids would talk about hatred for their parents. Black kids, even when their parents have not been there, if they've been alcoholics or drug addicts, there is still a certain amount of love and respect. The resentment is there, but it's not articulated in a way that blames the parents for what happened to the child; the more educated one is the more one tends to blame the parent. A third generation welfare kid doesn't say it, whereas a kid for whom both parents were there is more inclined to blame his parents. The young people at RAP don't seem to blame their parents very much. They don't blame anybody. They are not politically sophisticated enough to consider blaming "the system", though some of them have an inkling of that. They blame themselves. They don't come in angry so much as they come in with very low self-esteem.

Clark had the following to say about black parental involvement in treatment regimes:

Black men [including fathers] are in the vast minority in "Friends of RAP." Mostly the mothers come by -- we hardly ever see the fathers. Black men may care but they don't get involved. It may be a conditional versus unconditional love issue. For example, fathers are quick to kick kids out. Mothers aren't. Family participant programs (e.g., Straight Incorporated, a strict program where the only way kids can get in the program is for parents to come along) don't seem to work for blacks like they do for whites. Black people don't respond to that kind of thing -- parents have to become totally involved with the kid. RAP has a very tough time getting parents to participate in Friends of RAP. Sure, economics plays a role. I would never say that white parents are more interested in their

kids than black parents, but there is something that happens -- a difference in attitude -- once the white parent finds out their kid is in trouble. The immediate denial [of the black parent] that it's not so, where the white parent says, "What do you want me to do? Let's pull together to see if we can do something about it." I don't know where that comes from. The few parents that do become involved with RAP cease their involvement as soon as their child leaves the program.

Clark reports that very few parents have ever thanked him even though "...we have saved those parents a tremendous amount of pain and stress and we give them back some pretty good adults."

Clark is not alone in talking about problems of parental denial among black working and middle-class families. Here, pride seems to play a central and sometimes perverse role. The black principal of a high school in a middle income neighborhood near Cleveland, where the enrollment is about evenly split between blacks and whites, tells of differences in the reactions of black versus white parents when she calls to report their children's suspensions for bringing alcohol and drugs to school. White parents are nearly always cooperative. Black parents are much more likely to insist that she, the principal, is mistaken, or to minimize the significance of the infraction, or to suggest that the child should not be suspended from school because the parent will punish the child at home. Consider the message this sends to the child. Even if the parent punishes the child at home, the parent's failure to fully cooperate diminishes the authority of school officials in the eyes of the child. This lack of agreement between home and school is a failure of the socialization network to send a clear message.

Black substance abuse counselors and psychologists consulted for this study attribute this propensity toward denial

and non-cooperation to a general alienation of blacks from formal institutions (black-run or not), the cultural norm that blacks seldom seek or accept help with personal problems, and the feeling that lacking full control over their lives in the outside world, they should at least be able to control their own families. As a result, many blacks and especially black males, do not know how to accept assistance with family problems and are prone to discount the value of counselors and therapists.

Among black women, the lack of outreach for help with family substance abuse problems may be related to the desire to project a stable middle-class image. Jessica Horne tells of her visit to a Parent Teacher's Association (PTA) meeting at a high school in a black middle income suburb of Cleveland. The previous speaker on the panel had a lively discussion with the audience on the topic of stress management. As Horne began her talk about coping with family alcohol and drug abuse problems the all female audience feigned disinterest, "as though they didn't have such problems. Knowing what I knew," she says, she began asking questions like, "How many of you have husbands who go back to the old neighborhood on weekends to drink with their old buddies?" Gradually, the audience loosened up and participated in a frank discussion of substance abuse problems in the family.

Horne observes that for many of these households it was the wife who took a job to save the down payment for a house in a middle class neighborhood. It was her dream. The husband, often a blue collar worker in a well-paying unionized job, feels

out of place in the new neighborhood and fails to adjust well. Wanting to maintain her new middle class image the wife is reluctant to talk with anyone about family problems and she struggles alone, sometimes resorting to over reliance on pills and alcohol. Horne says, "Middle class white communities have support groups for everything. But blacks who have recently 'arrived' tend to associate their problems with the lower income neighborhoods that they left behind; they think they're the only ones in the neighborhood who have these problems and they have support groups for nothing."

The struggle to maintain social separation from the underclass is pervasive but often futile. History, culture, physical proximity, social networks, family ties, and the pervasiveness of racism and racial stereotyping prevent a clean break. Families who think that they have escaped the underclass find it terribly difficult to accept when their children stumble into the traps of poor literacy, drug abuse, and the culture of poverty, and they struggle constantly not to let it happen. This insecurity actually stands as a barrier between segments of the black community that might otherwise work together.

A black working class community of homeowners in San Francisco is fairly well organized to deal with its children's drug problems but still fears contamination from the underclass: those kids who sell drugs on the corner and use profanity on the bus. The parents in this well organized neighborhood have very little communication with with parents from the nearby public housing development. According to substance abuse counselor

Carol Tatum:

Many parents [in this stable blue collar neighborhood] see a lot of other kids [who they assume are from the nearby public housing projects] who are having problems and they don't want their kids to be like that. There are a lot of parents who are desiring to move out of San Francisco because of the urban environment that has been created. I think people are at a point of just not knowing what to do. Since the city is land locked there is no inexpensive and accessible place to escape to. ... If you ride the busses in San Francisco and see black kids on the busses you see what it is that black parents want to get their kids away from. ... Black white collar professionals are in other neighborhoods. You don't see much of them. They are more mixed in with the dominant culture.

Similarly, according to Clark in Washington D.C.:

The black community has separated itself and the middle class says 'it's their kids' problems not ours.' Even when someone faces up to the fact that someone in their family is an alcoholic or a drug addict they still try to keep it in the family. RAP in the past has been rejected by the black middle class as a place to send their own kids. But recently a well known upper middle class mother who had spent thousands of dollars in the white mainstream clinics to no avail brought in her 17 year old son, who had just written thousands of dollars on the family's checking account. Basically RAP has an image of dealing with hard core street people. RAP is still fighting this.

Testifying recently before the U.S. House Select Committee on Narcotics Abuse and Control Rabbi Friedman of New York said of Jews, "We are victims of our own ethnic stereotype." Citing the Yiddish saying, Es past nisht far Yiddin (Jews just don't do these things) he continued, "I must tell you that Jews do do these things, and that denial is a serious detriment to mobilizing our resources for services to addicts and their families." The same might be said of working and middle-class blacks.

## IV. *IMPEDIMENTS TO MOBILIZATION*

The preceding discussion of drug and alcohol use, abuse, and sales, with distinctions across age, socio-economic status, different drugs, and various local neighborhood environments, shows that the drug problem in black communities is multifaceted. As such, it calls for a variety of different preventatives, treatments, and law enforcement responses. Community based activists who have attempted to organize responses have met with less than enthusiastic receptions from many of the families and institutions whose cooperation they have sought.

The following quotation captures the sentiments of several frustrated but determined community based professionals interviewed for this study. They complain that efforts to mobilize community leadership against drug problems meet frequently with denial that an important problem exists, or with refusal to believe that anything much can be done about it. Don Freeman of Washington D.C. represents others when he says:

> Denial is not the emotional and psychological impediment that it's made out to be. Denial indicates a real conflict of interest in every case, and what it ends up meaning is that we have no leadership that we can depend on to solve this problem: we have no leadership at the family level, the community level, at the church level, at the school level, or at the level of elected political leaders, that is up to the task and unencumbered to the degree that it can address the task.

Beside factors that explain denial among families, some of which the previous section discussed, interviews turned up at least four other factors that help to explain the ubiquity of denial and the resulting lack of mobilization.

First is the fear of being identified with drug abuse and

thereby stigmatized. A group of black substance abuse professionals at a meeting that I attended in innercity Cleveland asserted that no community institution is going to confront the problem of drug and alcohol abuse seriously until some influential body such as the Urban League gives the community "permission" to confront it: "No institution, be it a church or a community center, is going to risk identifying itself with the issue only to be singled out and labeled by others who will continue to insist that their institutions are unaffected." The superintendent of a suburban school district near Cleveland solved his problem by organizing 100 other district superintendents to design a joint strategy before making a joint announcement to the press.

The following example comes from a widely respected professional in a city where the YMCA's claim of immunity was simply implausible:

> We had a meeting with the YMCA Board of Directors to ask them to become involved in a joint venture drug prevention campaign. Their reply was that they did not have a problem with drugs. The board was racially mixed. The only person who spoke out in favor of the program was a white guy who said he knew about a certain drug because one of his family members had had problems with it. All of the black people on the board said, "No. We don't want to do it. Why are you coming to us with this?" They got very defensive as if to admit that there might be drugs in the YMCA would signal a failure on their part.

Coalition building is not a simple matter.

A second apparent obstacle to making the most of existing resources is that much of the black community's capacity is in the church, whose orientations sometimes clash with both law enforcement and therapeutic strategies. As a result, the Black Church has been almost invisible on the drug problem, and

pressure on it to do something has come mostly from members who have problems in their own households, rather than from the community at large. One exception was when the Mayor of San Francisco recently invited the city's black ministers to take part in a city-wide coalition. The ministers reportedly refused because of the coalition's slant toward criminal justice solutions.

The church's traditional stance has been that substance abuse is a sin and not a sickness. Hence, the response has been to pray. As one substance abuse counselor put it, the minister stands in the pulpit and instructs the congregation to "Ask the Lord to take the taste of liquor out of your mouth." Some ministers are reportedly willing to consider a broader approach, but for most this would involve a basic change in orientation and, in any case, it might not be in the minister's interest to be overzealous. To suggest that prayer might not be enough and that people or their families might need to see counselors or therapists could risk offending them. If the congregation wants to pretend that the problem is too minor to bother with the minister's insistence could backfire. Church attendance and financial support could wane.

The third obstacle is that any effort to mobilize the community is an opportunity for electoral political activity that can distort the attack on drugs. Both current and aspiring politicians may have incentives to exploit the process to their personal political advantage. It is difficult to imagine a more vivid example of this problem than the following.

Determined to launch an aggressive attack at the neighborhood level, officials in this city launched a program to organize citizens in each ward of the city to learn drug abuse prevention strategies and to carry them out in their families and neighborhoods. The city assigned an employee to each section of the city to provide assistance. According to a consultant who helped design the process, organizers were making worthwhile progress when an order came down "from above" to "cut it. Tell your groups to disband. There will be no more funding." Aspiring politicians had begun to gain footholds in the program and political tension had developed among them. Also, ward politicians who already held office started to see the program as a threat. Apparently, elected officials were afraid of the political risk.

In the same city, we find political barriers to effectively delivering services to addicts: politicians reportedly win and lose elections by the positions they take on the placement of drug treatment facilities. Money for treatment centers sometimes goes unspent and empty buildings go vacant because of community opposition. The Commissioner of Public Health in this city tells how all of the merchants in one shopping center threatened to cancel their leases if a twenty-five bed treatment facility for youth was located nearby. Five recently designated locations have been blocked by local neighborhoods. Even in poor sections of the city the complaint is, "We've already got public housing out here, and now you want to drop these drug addicts on us." Outraged

communities cry: "Drugs are killing our city!" Then they refuse to accept the facilities that might offer addicted youths a way out, and local politicians oblige them for fear of losing their seats.

RAP, the therapeutic community in Washington D.C., had a waiting list of over 100 potential clients in the fall of 1986 but community opposition had blocked every recent attempt to expand into another facility.

A fourth and final reason that communities have mobilized so few resources in the battle against drugs is not so subtle. It is that many institutions in the black community, especially the public schools and working class families, feel that they are already too overextended to accomplish even the purposes to which they are already obligated. They offer neither their resources nor their concentrated attention to anyone who would try to extend their duties. Thus, in addition to the problems cited above, an impediment to mobilization against drugs is that much of the capacity communities might hypothetically mobilize in the fight against drugs is already mobilized for other purposes, and under the control of people not anxious to share. Still, there is hope.

## V. *TOWARD A YOUTH-CENTERED STRATEGY AGAINST DRUGS*

Significant progress against the drug problem among youths in black communities is not likely to come quickly, nor by the efforts of any single institution. No one institution, not even the family, is sufficiently strong and isolated that its efforts can single-handedly socialize children to avoid trouble with drugs and alcohol. Such socialization happens through myriad interactions with people who together shape a child's knowledge and comprehension, his self-conception, his aspirations and, generally, his orientation toward life and society.

These interactions take place within a network of formal and informal institutions including families, peer groups, schools, recreation centers, churches, social service and law enforcement agences. Socializing messages flow as well from the broader society through the print media and over the air waves. Ideally this network of institutions fosters respect for socially useful norms and values, offers hope, builds self-esteem, and imparts basic living skills like literacy and numeracy. When the system malfunctions, however, it may foster self-destructive norms and values, drain hope, destroy self-esteem, and fail to insist that the child can read, write, and speak in the idiom of mainstream society. Widespread involvement of children with alcohol and drugs is both a symptom and a cause of the system's malfunctioning.

The characterization of the drug problem in this paper suggests a rather holistic strategic perspective. This perspective would shape messages aimed directly at involvement

with drugs, provide youths with other means of fulfilling their needs, and seek to strengthen community institutions. The following paragraphs distill the issues discussed thus far in the paper into a set of propositions representing elements of a potential strategy:

*TOWARD A YOUTH-CENTERED STRATEGY AGAINST DRUGS*

A. Aim Directly at Discouraging Drug Use:

1. *REDUCE CULTURAL ACCEPTANCE OF ADOLESCENT DRUG USE.*
2. *SUPPORT STREET LEVEL LAW ENFORCEMENT APPROACHES.*

B. Strengthen Alternatives for Fulfulling Youth's Needs:

3. *PROVIDE LEGAL ALTERNATIVES TO JOBS IN THE DRUG TRADE.*
4. *TEACH CHILDREN TO READ, WRITE, AND RESPECT THEMSELVES.*
5. *HELP FAMILIES TO PROVIDE BETTER PARENTING.*

C. Overcome Obstacles to Mobilizing the Community's Resources:

6. *USE FUNDING TO LEVERAGE COOPERATION.*
7. *INVOLVE THE CHURCH.*
8. *EXPOSE AND DISCOURAGE POLITICAL EXPLOITATION.*
9. *FOSTER A POSITIVE SOCIAL INVESTMENT CLIMATE.*
10. *ADJUST GRANT-MAKING PRACTICES IN FUNDING AGENCIES.*

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1. *REDUCE CULTURAL ACCEPTANCE OF ADOLESCENT DRUG USE.* Communities need to reduce both the ease with which youths can acquire and consume drugs, and their predisposition to do so. Even safer drugs like marijuana and alcohol should be taboo. Not only are marijuana and alcohol dangerous themselves when used in excessive amounts or at inappropriate times and places, studies show that alcohol and marijuana are "gateways" to more dangerous drugs like PCP, cocaine, and heroin ; use of dangerous drugs among youths who have not used alcohol and marijuana is almost nonexistant. (Clayton and Voss) The message to children

should be that any drug use at all is unacceptable, and that their parents, teachers, and other authority figures will hold them accountable as individuals.

Persuading all youths to avoid all drugs is not practical, the fall-back position is to promote safe use. Adults need to continue issuing safe use warnings, even while counseling abstinence. Campaigns to discourage driving while intoxicated may influence youths just as they do adults. Similarly, warnings against using more dangerous drugs can be effective if the warnings come before the drug is firmly established in local adolescent culture. For example, black youths from innercity Boston report that they chose not to try PCP after seeing a movie at school. They give a similar report concerning warnings about crack cocaine, though at the time of the warning they had not seen crack on the street.

Resistance training as with slogans like "Just Say No" may be quite important for youths who would rather say no anyway, but have trouble mustering the nerve. On the other hand, for drugs that youths perceive to be fun and harmless, or for youths not deterred by real danger, restricting opportunity may be more effective. Standard ways to restrict opportunity include close adult supervision and law enforcement.

Communities should not expect any of these methods to produce quick results; their success is probably limited to youths who have other means of satisfying their social and emotional needs. Perhaps the most hopeful strategy is to target younger children whose peer groups have yet to develop a social

dependence.

A final stratagem here is for adults to be more positive role models in their own associations with alcohol and drugs.

2. *SUPPORT STREET-LEVEL LAW ENFORCEMENT APPROACHES.* Most residents of black communities where illegal drugs are a major problem place hope rather single-mindedly in better law enforcement against drug pushers. Their belief that more effective enforcement can make a difference is correct. Research shows that both supply and demand diminish when stepped-up street level enforcement makes the search for drugs more time consuming and risky. (Kleiman) Other studies find that young people's use of dangerous drugs like heroin and cocaine is often the result rather than the cause of their decision to sell drugs.[Clayton and Voss] Hence, if better law enforcement could cause fewer youths to seek employment as drug peddlers, an additional benefit might be that fewer would advance beyond alcohol and marijuana to become users and abusers of heroin, cocaine, and PCP. Crack downs on conspicuous consumption by drug king pins, publicly confiscating their property when possible, should be a law enforcement priority given the impact these thugs have as role models. In a number of ways, some obvious and some more subtle, good law enforcement makes a positive difference. Ultimately, however, the drug problem is too complex and too fundamentally grounded in our culture to be lastingly subdued by law enforcement alone; a community strategy that is overly dependent on law enforcement is doomed to failure, especially when the problem of concern is

the extensive involvement of adolescents.

3. *PROVIDE LEGAL ALTERNATIVES TO JOBS IN THE DRUG TRADE.* Black youths are not any more choosey in the labor market than white youths but, for any given quality of job, their opportunities appear to be more limited. (See Holzer, in Freeman and Holzer, 1986) Though we lack direct evidence, it seems reasonable to speculate that a shortage of attractive legal employment opportunities is important among the forces that provoke youths to sell drugs. Due to work-permit requirements for teenagers under 16 years of age, drugs may seem to be the only opportunity for some children under 16. For those over 16, legal opportunities may clearly exist, but be in inferior work environments, pay low wages, or require reading and writing skills that some youths lack. Youth job training, employability skills, and placement programs are not a panacea, but should not be overlooked for the options they offer youths in search of money for cloths and pocket change. Clearly, however, youths who make substantial sums from the drug trade will have few if any equivalent legal opportunities.

4. *TEACH CHILDREN TO READ, WRITE, AND RESPECT THEMSELVES.* Academic studies cited earlier and testimony presented in the body of this paper concur that youths whose involvement with drugs tends to be most destructive for themselves and for the community are those who have failed academically. Improving educational outcomes is therefore among the most important things a community can do to affect the severity of its young people's drug problems.

Youths who cannot remain in public school systems need to be provided with appropriate educational alternatives.

Those whose substance abuse poses a major impediment to learning and social adjustment may benefit from Afro-centric therapeutic communities modeled after RAP in Washington D.C. Ron Clark reports that RAP has many graduates who could help to teach his model if the resources were available.

Programs in community institutions can usefully supplement the schools. Martin Drizell and Lefty Gordon at the Ella Hill Hutch Community Center in San Francisco run a school after school program that is a good example of the role community institutions can play. They work with young children and adolescents:

> We can't change some of these guys out here [pointing to the street] now, but we have a tutorial program where younger kids come here during the school year from 3 to 5 p.m. every day; they have a period of doing their homework, cultural awareness, and exercise. Two hours. The kids who are in that program are even tempered, and their relationships to their schools and families improve. We can see the change. Martin manages a lot of it and goes to school pretty often, playing father for a lot of them because their parents all work. We think something like this should be done city-wide at every local church within walking distance of a housing project. I'm not talking about white people now. Kids get reading and math in school, but I'm not expecting any white person to tell me about me. That's why we talk about history and cultural awareness. These are kids aged 7 to 12 who are primed and ready. ...

5. *HELP FAMILIES TO PROVIDE BETTER PARENTING.* Good parenting may be among the most effective drug abuse prevention strategies. Researchers over the years have learned a great deal about successful child rearing and have incorporated what they know into parental training programs.[Wilson, 1983; Patterson et. al.] These programs emphasize the importance of

consistency in rule setting, monitoring compliance, and administering timely and appropriate rewards and punishments. These are the same aspects of child rearing that, when done poorly, correlate with adolescent substance abuse. (Rees and Wilborn) Evaluations show that parental training programs can improve parent child relations, and child behavior. (e.g., Patterson et. al.)

Strategies to reach black parents with alternative models of child rearing will be difficult to implement. Interviews for this study support the expectation that most parents, but especially fathers, think their methods are just fine and may be initially unreceptive. Experience with training programs shows that parents find it hard to believe that certain methods are practical, and they experience great difficultly trading old methods of child rearing for new ones.

A grass roots network of parent support groups might be the most promising organizational form. Such a network could rely on video-taped training sessions and trained on-cite group discussion leaders. Video tapes have been important in persuading parents that the methods programs teach are workable and really produce changes in children's behaviors.[See Wilson, 1983]

Parental training presents a major challenge but has the potential to be tremendously important. External funding could supplement what parents would pay in the form of a small fee. Foundation support may be the most likely source of support for experimental pilot programs.

6. *USE FUNDING TO LEVERAGE COOPERATION.* Neighborhood coalitions that focus on drug-related issues are difficult to foster when institutions that might potentially participate are strapped for resources, suffer from inertia, or fear being stigmatized from any association with the drug problem. This is a case where grants made contingent on cooperation could leverage participation. Foundations and government agencies that want to help fight drugs in low income communities can tie strings to old programs or initiate new ones to encourage appropriate coalition building.

A relatively simple but important role for neighborhood coalitions is designing and delivering messages about community values, expectations, and tolerance for drug related behaviors. Children need to find wholesome anti-drug messages in as many different places as possible. Moreover, they need to be as involved as possible in formulating those messages. Likewise, adults need to be continually reminded that they serve as role models, and that the community holds them responsible for setting good examples. Broad adult involvement in campaigns to influence children might put adults on their best behaviors and make children more secure in the understanding that adults in the community really care.

7. *INVOLVE THE CHURCH.* Despite the possibility that black ministers will resist criminal justice and therapeutic approaches to the drug problem, the churches bring together more social, political, physical, and intellectual capacity than any other institution under local grass-roots control. Drizell and

Gordon's idea of a school after school program "at every local church within walking distance of a housing project," suggests only one of many possible roles that churches can play.

8. *EXPOSE AND DISCOURAGE POLITICAL EXPLOITATION.* Communities cannot avoid certain types of political activity as they mobilize. The process of mobilization and debate over purpose and strategy is itself a political process. But political behaviors that clearly damage the community and benefit only self-interested politicians must be discouraged. The case recounted earlier where the city cancelled support for neighborhoods mobilizing against drugs is a clear example where both incumbent politicians and their aspiring rivals must share the blame for the program's demise. This type of behavior should be exposed and the actors held accountable. The city in the example lost an important opportunity.

9. *DEVELOP A POSITIVE SOCIAL INVESTMENT CLIMATE.* Long term progress against the drug problem in a community is a process of transition from past practices to new and more socially productive methods of conducting the community's affairs. Each community starts with certain initial practices and capacities, and from this base it builds.

Success at mobilizing resources to build new practices and capacities requires that people with time, energy, influence, and other investable resources decide that the risk-adjusted expected payoff warrants the investment. The "investment climate" in most innercity communities is depressed because the risks are perceived to be high and the expected payoffs low.

This pertains to investing time and energy in neighborhood improvement (e.g., anti-drug) projects as much as it does to business investment.

Expectations may change most firmly and lastingly if organizations start with low risk projects. Many times organizations try too much too soon and fail. They set goals for which they lack the expertise and resource base. Their grandiose claims attract attention, then observers interpret their failure as evidence of incompetence, and proof for the general belief that positive change in certain communities is impossible.

Experience shows that successful mobilization typically starts with low risk, low cost, highly visible projects, and then builds on initial victories as expectations change and more people become willing to invest support. People who aspire to be leaders in the black community's fight against the drug problem need to keep this lesson in mind.

10. *ADJUST GRANT MAKING PRACTICES IN FUNDING AGENCIES.* Most aspects of the strategy outlined above provide opportunities for agencies with financial and technical assistance resources to help "enable" black communities. Agencies need to begin considering communities and not just isolated people or institutions as entities (or implicit clients) who need assistance. Viewing the community as the ultimate client, and thus recognizing the breadth of problems and the interdependence between local institutions, warrants considering new styles of grant making. Agencies might, for

example, choose to assist several in a network of organizations at once in an anti-drug campaign. This relates clearly, to the suggestion above that grant funds might be used to leverage cooperation. Philanthropic foundations that accept this notion of "community-as-client," might consider assigning program officers to entire neighborhoods, to offer support for a broad range of interdependent community needs. Some local foundations are reportedly already considering this style of grant making. The elements of a strategy against the drug problem summarized in the last few pages suggest a potential agenda.

## VI. *CONCLUSION*

Community based professionals identify the impact of drugs on children as the most insidious aspect of the drug problem in black innercity neighborhoods. The challenge these neighborhoods face is to shape children's values, self-conceptions, and environmental circumstances into forms that induce more wholesome and constructive decisions concerning involvement with drugs and alcohol. Reducing the risks that drugs pose for children and their communities requires messages and sanctions aimed directly at discouraging adolescent sales and use, alternative means for meeting youths' basic human desires, and local institutions that are powerful and resilient enough to be vehicles for achieving community purposes.

Given the way that communities differentiate and integrate responsibilities across institutions, only the family will ever have oversight responsibility for the drug problem at the level

that this paper addresses it. Only parents can both maintain the home environment and hold other local institutions accountable. The people who take initial leadership responsibility and the institutions they choose to work through will differ from one community to the next, depending upon initial patterns of influence, understanding, and concern. Most low income communities will need technical and financial assistance from outside. But the view among outside helpers and among community people themselves must be that each should strive to "enable" the others to perform those functions for which each is potentially best situated. This means that not only must families adjust, but that people and institutions who aid and influence families should adjust as well.

Twenty-five years ago the impact of drugs and drug abuse in the lives of black children was much narrower than it is today. Racism, poverty, and associated deprivations were no less virulent. But children in black communities did not smoke marijuana in school lavatories nor forsake their academic studies on the expectation they would become successful drug dealers. The idea seems compelling to this author that it should be possible, even in the presence of a certain number of incorrigible drug and alcohol abusing adults, to reduce the impact of drugs and alcohol on children in black communities to far below current levels.

*SELECTED REFERENCES*


Bell, Peter and Jimmy Evans, Counseling the Black Client: Alcohol Use and Abuse in Black America. (Center City Minnesotta: The Hazelden Foundation) 1981.

Clayton, Richard and Harwin Voss, Young Men and Drugs in Manhattan: A Causal Analysis. National Institute on Drug Abuse Research Monograph 39. September, 1981.

Dash, Leon, "At Risk: Chronicles of Teen-age Pregnancy," Reprinted from the Washington Post. Six-Part Series, January 26-31, 1986.

Ebony Magazine, Special Issue on the Black Family. August 1986

Freeman, Richard, and Harry Holzer, "Young Blacks and Jobs -- What We Now Know," The Public Interest. Winter 1985.

Freeman, Richard and Harry Holzer, The Black Youth Employment Crisis. (Chicago: U. of Chicago Press) 1986.

Gantman, Carol A., "Family Interaction Patterns Among Families with Normal, Disturbed, and Drug-Abusing Adolescents," Journal of Youth and Adolescence. Vol. 7, No. 4, 1978.

Hess, R., and Shipman, V., "Early Experience and the Socialization of Cognitive Modes in Children," Child Development. Vol. 36, 1965. pp. 869-886.

Kellam, Sheppard, Rebecca Adams, and C. Hendricks Brown, "The Long-Term Evolution of Family Structure of Teenage and Older Mothers," Journal of Marriage and the Family. Vol. 34, 1982, pp. 1012-1022.

Kleiman, Mark, "Steet Level Enforcement and Heroin Traffic in Lynn." John F. Kennedy School of Government, Center for Criminal Justice, 1986.

Kunjufu, Jawanza, Countering the Conspiracy to Destroy Black Boys. (Chicago: Afro-Am Publishing Co.) 1983.

Loury, Glenn C., "The Family as Context for Delinquency Prevention," in G. Loury and J. Q. Wilson, eds., From Children to Citizens: Families, Schools and Delinquincy Prevention. (Springer-Verlag, forthcoming).

Moore, Mark, "Drugs: The Problem and the Options," Report to the Ford Foundation: Summary Report. June, 1987.

National Urban League, "The Urban League Education Initiative Program Planning Form," Education/Research Departments, June 1986.

Patterson, Gerald R., Patricia Chamberlain, and John B. Reid, "A Comparative Evaluation of a Parent Training Program," Behavior Therapy. Vol. 13, 1982, pp. 638-50.

Polich, J. Michael and Phyllis Ellickson, Peter Reuter, James Kahan, Strategies for Controlling Adolescent Drug Use. The Rand Corporation, 1984.

Rees, Constance D. and Bobbie L. Wilborn, "Correlates of Drug Abuse in Adolescents: A Comparison of Families of Drug Abusers with Families of Nondrug Abusers," Journal of Youth and Adolescence. Vol. 12, 1983, pp. 55-63.

Samuels, D., and M. Samuels, "Low Self-Concept as a Cause of Drug Abuse," Journal of Drug Education. Winter 1974. pp.421-438.

U.S. Department of Health and Human Services, Report of the Secretary's Task Force on Black and Minority Health. U.S. Government Printing Office, August 1985.

U.S. House of Representatives, Hearings of the Select Committee on Narcotics Abuse and Control (SCNAC):

a. Drugs -- The Effects on the Black Community, September 28, 1984. (SCNAC-99-2-8).

b. Cocaine Abuse and the Federal Response, July 16, 1985. (SCNAC-99-1-2)

c. Drugs and Dropouts, 1986. (SCNAC-99-2-2).

d. The Crack Cocaine Crisis. July 15, 1986.

e. Trafficking and Abuse of "Crack" in New York City. July 18, 1986.

Wilson, James Q., and Richard J. Herrnstein, Crime and Human Nature. (New York: Simon and Schuster, Inc.) 1985.

Wilson, James Q., "Psychologists are Helping Parents to Control Bratty Behavior by Teaching them how and when to use Rewards and Punishments: Raising Kids," The Atlantic Monthly, October 1983, pp. 45-56.

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